

Handling Advice – Invalid Passenger



Lufthansa

- To be issued for all passengers
- with injuries of the skull/brains, with internal or large external injuries (wounds, burns)
 - with multiple sklerosis
 - with a spasmodic paralysis with cerebral damage
 - with a mental deficiency
 - whose intended date of travel is earlier than 6 months after a heart infarct or a stroke
 - who are dependent during flight on special equipment or treatment (oxygen, respirator, incubator, infusions etc)
 - who cannot travel on a passenger seat with backrest in upright position (carriage on stretcher)

MEDA

A

Name	Sex	Age
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B

Routing from	To	Flight number	Class	Date

C

Diagnosis

E

Escort for the journey required		
<input type="checkbox"/> no	<input type="checkbox"/> yes, by a physician (name)	<input type="checkbox"/> yes, by other qualified person (name)

F

WCHR

Required assistance
ambulant but handicapped in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/deplaned by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.

WCHS

ambulant but more severely handicapped in walking: Cannot use a ramp bus and needs assistance in boarding/deplaning (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.

WCHS/OWN

as above – accompanied by own wheelchair.
Add "/BD" if battery-driven wheelchair.

WCHC

non-ambulant: Needs also assistance in the aircraft cabin to/from seat, toilets and possibly with meals (where necessary, give details in K below).

WCHC/OWN

as above – accompanied by own wheelchair.
Add "/BD" if battery-driven wheelchair.

BED

must travel on a stretcher.

G

At destination patient will be taken to a hospital	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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AMBULANCE

Ambulance at destination to be arranged by LH at passengers expense	From Airport to
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H/K

OXYGEN OCCASIONAL

needs occasional oxygen supply during flight.

OXYGEN CONTINUOUS

needs continuous oxygen supply during flight.

Other ground and/or in-flight arrangements needed and/or arrangements made by attending physician.

L

<input type="checkbox"/> FREMEC issued by Airline	valid until
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Date	Name of LH-Physician	Signature LH-Physician
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I herewith relieve the physician whom I shall choose to make a statement on my condition of health, of his/her professional discretion to the extent that he/she shall be permitted to disclose to Lufthansa German Airlines such details on the condition of my health as may be required by the Lufthansa Physician to judge upon my medical fitness to travel by air.
The undersigned will indemnify and release Lufthansa German Airlines, their representatives and agents from all claims for damage sustained in connection with the deterioration of his/her illness as a result of the transportation by air. In the case of a legal dispute the undersigned will have to prove that any such damage incurred by Lufthansa German Airlines, or third parties through this transportation. The undersigned also declares to be informed that Lufthansa German Airlines are not obligated in any way to accept him/her for any subsequent or return journey. Otherwise, the Conditions of Carriage, in particular the rules of liability contained therein, will apply.

Date	Issuing Office	Signature of Passenger
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Medical Information by Attending Physician

Note for the attending physician:

The details requested herein will be treated *confidentially*; they shall enable the Medical Service of the airline(s), as is their obligation, to judge by their specific air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the Medical Service in issuing appropriate instructions for the patient's care which duly consider both his/her diagnosis and the special circumstances of the requested air journey. Kindly answer *all* questions by cross or in block letters, as necessary. Thank you.

MEDA 01	Patient/name, address	Sex
		Age
MEDA 02	Name, address of attending physician	Tel. business
		Tel. home
MEDA 03	Medical Data: Diagnosis (details including vital signs)	
	Day/month/year of first symptoms	Date of diagnosis
MEDA 04	Prognosis for the trip	
MEDA 05	Contagious and communicable disease? Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDA 06	NIL	
MEDA 07	Can patient use normal aircraft seat with seatback placed in the upright position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDA 08	Can patient take care of his own needs on board unassisted (including meals, visit to toilet, etc) If not, type of help needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDA 09	Shall passenger be escorted? If yes, type of escort proposed by you	<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDA 10	Does patient need oxygen during flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rate of flow	<input type="checkbox"/> Continuous
	Does patient need any medication, other than self administered, and/or the use of special apparatus such as respirator, incubator, etc?	
MEDA 11	on the ground while at the airport	<input type="checkbox"/> No <input type="checkbox"/> Yes Specify
MEDA 12	on board the aircraft	<input type="checkbox"/> No <input type="checkbox"/> Yes Specify
	Does patient need hospitalisation? (If yes, indicate arrangements made or, if none were made indicate "No action taken")	
MEDA 13	during long layover or nightstop at connecting points enroute	<input type="checkbox"/> No <input type="checkbox"/> Yes Action
MEDA 14	upon arrival at destination	<input type="checkbox"/> No <input type="checkbox"/> Yes Action
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation	<input type="checkbox"/> None
	Specify if any	
MEDA 16	Other arrangements made by the attending physician	
	Date	Place
		Signature of attending physician